



## IN THE UNITED STATES ATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hastings et al.

Application No.: 10/627,604

Filed: July 28, 2003

For: Human CCN-Like Growth Factor

Docket No.: PF185D1C2

Confirmation No.: 4279

Art Unit: 2176

Examiner: Not Yet Assigned

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In accordance with the Notice entitled "Pre-Grant Publication Helpful Hint" published in the Official Gazette on October 9, 2001, the above identified application was filed with a new, clean-copy of the specification and claims incorporating amendments made during prosecution of the parent application (Application No. 09/853,625). As a convenience to assist the Examiner, please find enclosed a marked-up copy of the specification and claims showing the previous amendments incorporated into the present specification. Amendments in the marked-up copy are indicated by strikethrough showing text deleted and underlining showing text inserted.

Applicants believe that there are no fees due in connection with the filing of this submission. However, should a fee be due, please charge such fee to our Deposit Account No. 08-3425. A Fee Transmittal sheet (in duplicate) is attached.

Dated: June 29, 2004

Respectfully submitted,

Ielissa J. Pytel

Registration No.: 41,512

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PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRIBUTER the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number									
EEE TOANGMITTAL		Complete if Known							
fee TRANSMITTAL for FY 2004			Application Number				10/627,604-Conf. #4279		
			Filing Date				July 28, 2003		
			First Named Inventor			Gregg A. Hastings			
Effective 10/01/2003. Patent fees are subject to annual revision.			Examiner Name			Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27							2176		
			7.0.0						
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No. PF185D1C2						
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check Credit Money Order Other None	3. ADDITIONAL FEES								
X Deposit Account:	Larg	rge Entity Small Entity							
Deposit Account 08-3425		Fee Fee Fee Fee Description				rintion			
Number	Code	(\$)	Code	(\$)				Fee Paid	
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge	- late filing fe	e or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provisio			
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Engli	sh specification	n		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex p	arte reexamination		
Charge fee(s) indicated below, except for the filling fee	1804	920*	1804	920*	Requestin Examiner	g publication o action	f SIR prior to		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requestin Examiner	g publication o action	•		
FEE CALCULATION	1251	251 110 2251 55 Extension for reply within first month			n first month				
1. BASIC FILING FEE	1252		2252	210	Extension	for reply within	second month		
Large Entity Small Entity	1253	950	2253	475	Extension	for reply within	third month		
Fee Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension	for reply within	fourth month		
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension	for reply within	n fifth month		
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A	Appeal			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a bri	ief in support o	f an appeal		
1004 770 2004 385 Reissue filing fee	1403		2403		-	or oral hearing			
1005 160 2005 80 Provisional filing fee	1451		1451				lic use proceeding		
SUBTOTAL (1) (\$) 0.00	1452		2452	55		revive – unavo			
	1453		2453			revive - uninte			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501		2501		-	e fee (or reissu	ie)	<u> </u>	
Claims below Fee Paid	1502		2502	240	Design iss			<b></b>	
Total Claims -20** = x	1503		2503	320	Plant issue				
Independent Claims -3** = x = =	1460	130	1460	130		o the Commiss			
Multiple Dependent =	1807	50	1807	50	Processing	g fee under 37	CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180			n Disclosure Stmt		
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		ecording each patent assignment per operty (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a su	ng a submission after final rejection CFR 1.129(a))			
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each a	or each additional invention to be amined (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385		juest for Continued Examination (RCE)			
over original patent	1802		1802	900	Request for expedited examination				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			of a design application						
		Other fee (specify)							
SUBTOTAL (2) (\$) 0.00  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00  **or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY	(Complete (if applicable))  Registration No. 14 512  Telephone (301) 610 5764								
Name (Print/Type) Melissa J. Pytel		(301) 610-5764 Telephone							
Signature \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_					Date	June 29, 2004		